



03-29-05  
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PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

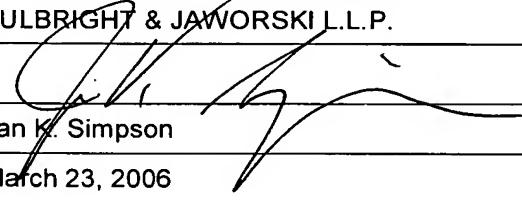
(to be used for all correspondence after initial filing)

		Application Number	10/540,094-Conf. #6440
		Filing Date	December 19, 2003
		First Named Inventor	Simon R. Hall
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	HO-P03188US0

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration Copy of Preliminary Amendment Part 2 Copy of Notice Return Receipt Postcard
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	FULBRIGHT & JAWORSKI L.L.P.		
Signature			
Printed name	Jan K. Simpson		
Date	March 23, 2006	Reg. No.	33,283

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 510.00)

Complete if Known	
Application Number	10/540,094-Conf. #6440
Filing Date	December 19, 2003
First Named Inventor	Simon R. Hall
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	HO-P03188US0

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 06-2375 Deposit Account Name: Fulbright & Jaworski L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims		Fee (\$)		Fee Paid (\$)	
14	- 20 =	x	=		
4	- 4 =	x	=	Fee (\$)	Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

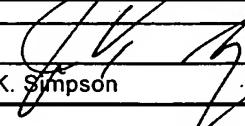
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response

510.00

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	33,283	Telephone	(713) 651-5383
Name (Print/Type)	Jan K. Simpson			Date	March 23, 2006

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Simon R. Hall

Application No.: 10/540,094

Confirmation No.: 6440

Filed: December 19, 2003

Art Unit: N/A

For: ANIMAL MULTI-COMPONENT MEAL

Examiner: Not Yet Assigned

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS**

MS Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notification of Missing Requirements mailed November 2, 2005, Applicant respectfully submits a Declaration, a Petition for Extension of Time, and Part 2 Copy of Notice.

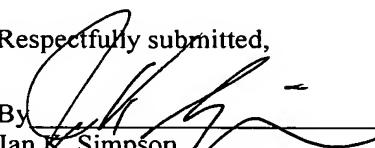
Applicant believes no additional claims fees are due. The Notification of Missing Requirements indicates that a multiple dependent claim surcharge of \$360.00 is due. Enclosed herewith is a copy of the Preliminary Amendment, filed June 20, 2005, amending the claims such that no multiple dependent claims remain.

Our check in the amount of \$510.00 covering an extension of time fee is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 06-2375, under Order No. HO-P03188US0.

Dated: March 23, 2006

Respectfully submitted,

By

  
Jan R. Simpson  
Registration No. 33,283  
FULBRIGHT & JAWORSKI L.L.P.  
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1301 McKinney, Suite 5100  
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(713) 651-5151  
(713) 651-5246 (Fax)  
Attorney for Applicant

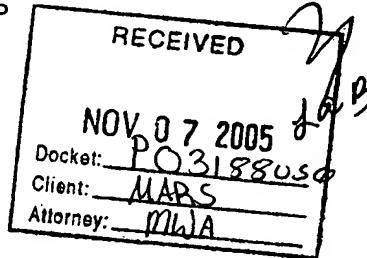


UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/540,094	Simon R Hall	HO-P03188US0

26271  
 FULBRIGHT & JAWORSKI, LLP  
 1301 MCKINNEY  
 SUITE 5100  
 HOUSTON, TX 77010-3095



Date Mailed: 11/02/2005

INTERNATIONAL APPLICATION NO.	
PCT/GB03/05599	
I.A. FILING DATE	PRIORITY DATE
12/19/2003	12/20/2002

CONFIRMATION NO. 6440  
 371 FORMALITIES LETTER  
  
 \*OC000000017369708\*

**NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)**

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 06/20/2005
- Copy of the International Search Report filed on 06/20/2005
- Preliminary Amendments filed on 06/20/2005
- U.S. Basic National Fees filed on 06/20/2005
- Priority Documents filed on 06/20/2005

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Additional claim fees of **\$360** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.
- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.

**SUMMARY OF FEES DUE:**

Total additional fees required for this application is **\$160** for a Large Entity:

- Total additional claim fee(s) for this application is **\$ 360**
  - **\$360** for multiple dependent claim surcharge.

(A previous payment of \$200 will be applied to the additional fees indicated above.)

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice MUST be returned with the response.*

**PATRICIA A BOOKER**

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Telephone: (703) 308-9140 EXT 204

**PART 1 - ATTORNEY/APPLICANT COPY**

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U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/540,094	PCT/GB03/05599	HO-P03188US0

FORM PCT/DO/EO/905 (371 Formalities Notice)

Application No. (if known): 10/540,094

Attorney Docket No.: HO-P03188US0

## **Certificate of Express Mailing Under 37 CFR 1.10**

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 678180672 US in an envelope addressed to:

MS Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 23, 2006  
Date

  
\_\_\_\_\_  
Signature

Julie Erwin

\_\_\_\_\_  
Typed or printed name of person signing Certificate

\_\_\_\_\_  
Registration Number, if applicable

\_\_\_\_\_  
(713) 651-5187  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal  
Declaration for Utility or Design Patent Application with an ADS  
Part 2 Copy of Notice  
Request for Extension of Time Under 37 CFR 1.136(a)  
Response to Notification of Missing Requirements  
Transmittal  
Check in the amount of \$510.00